

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-475)**

09/720469

APPLICANT(S)

7 of 2

NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		TOTAL CLAIMS
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1							
2							
3							
4							
5							
6							
7							
8							
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43							
44							
45							
46							
47							
48							
49							
50							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							

CLAIMS ONLY

SERIAL NO.

09/720,469

FILING DATE

APPLICANT(S)

9/11/04

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2	1						52						
3							53						
4	1						54						
5							55						
6							56						
7							57						
8	1						58						
9							59						
10	1						60						
11							61						
12		4					62						
13							63						
14							64						
15							65						
16							66						
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18							68						
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35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4						TOTAL IND.						
TOTAL DEP.	4						TOTAL DEP.						
TOTAL CLAIMS	8						TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

2 of 2